Edgar Filing: PEAD PHILIP M - Form 4

DEAD DITT ID M

Form 4 March 01, 20														
FORM								OMB AI	OMB APPROVAL					
	STATES	SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287				
Check this if no long subject to Section 16 Form 4 or	er STATEM 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									Expires: January 31 2009 Estimated average burden hours per response 0.9			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities E Section 17(a) of the Public Utility Holding Company 30(h) of the Investment Company Ac							pany	change Act of 1934, Act of 1935 or Section						
(Print or Type R	esponses)													
PEAD PHILIP M Symbol			r Name and Ticker or Trading CRIPTS HEALTHCARE					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SOLUT				IONS, INC. [MDRX]					(enec					
(Last) (First) (Middle) 3. Date of (Month/Da 222 MERCHANDISE 02/25/20 MART, SUITE 2024				ay/Year) <u>— Officer</u>					X Director Officer (give below)		Owner er (specify			
(Street) 4. If Amend Filed(Month				ndment, Date Original th/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
CHICAGO,	IL 60654								Form filed by M Person					
(City)	(State)	(Zip)	Table	e I - Non-	De	erivative S	ecurit	ies Acq	cquired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code)	n(A) or Dis (D)	sposed	of	Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial			
Common Stock	02/25/2011			A <u>(1)</u>		53,789	A	\$0	279,380	D				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
F8	Director	10% Owner	Officer	Other				
PEAD PHILIP M 222 MERCHANDISE MART SUITE 2024 CHICAGO, IL 60654	Х							
Signatures								
Kathie Kittner by power of atto Pead	03/01/2011							
<u>**</u> Signature of Reporting Pers		Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Award of Restricted Stock Unit granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan on February 25, 2011
(1) (the "Grant Date"). The grant vests as to 25% on each of the first four anniversaries of the Grant Date, subject to achievement of a performance goal for the year ending December 31, 2011.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.